



**BRAZORIA COUNTY DISTRICT CLERK
CASSANDRA TIGNER**

Filed for Record
11/5/2023 2:38 PM
Cassandra C. Tigner, District Clerk
Brazoria County, Texas
116135-CV
Tracy Weeks, Deputy

Process Request – Please Type/Print All Information

***One request for each party being served.**

Cause No. 116135-CV

Document(s) to be Served: Plaintiffs' Second Amended Petition

Name of Party to be Served: Nissan North America, Inc.

Registered Agent (if applicable): Corporation Service Company d/b/a CSC-Lawyers INCO

Service Address: 211 E. 7th Street, Suite 620

City, State, Zip: Austin, Texas 78701

Service by: (check one)

- | | | | |
|---|--|-------------------------------------|--|
| <input type="checkbox"/> BCSO Bo Stallman | <input checked="" type="checkbox"/> Certified Mail | <input type="checkbox"/> Restricted | <input checked="" type="checkbox"/> Non-Restricted |
| <input type="checkbox"/> Constable David Thacker Pct. 1 | <input type="checkbox"/> Return to Attorney by Mail: _____ | | |
| <input type="checkbox"/> Constable Willie Howell Pct. 2 | _____ | | |
| <input type="checkbox"/> Constable Buck Stevens Pct. 3 | <input type="checkbox"/> Email: _____ | | |
| <input type="checkbox"/> Constable James Brawner Pct. 4 | <input type="checkbox"/> Pick up by (Name): _____ | | |

- ☐ Publication (Name & Address of Newspaper) _____
- ☐ Publication to OCA Portal/Website #of days _____
- ☐ Posting at Courthouse Door

Family –

Relief Requested (Required): _____

Date of Birth/Place of Birth for Each Child (Required): _____

Civil – As per TRCP 115, attach legal description of property if applicable and state relief requested.

Relief Requested (Required): _____

Property Description: _____

When Service is by SHERIFF/CONSTABLE, please provide as much information as possible by completing the blanks to expedite service.

Description:

☐ Male ☐ Female Date of Birth _____ Race _____ Eyes _____ Hair _____

Tattoos, Scars, Facial Hair, Glasses, etc. _____

Other address person may be found: _____

Gate Access Code _____ Building Number _____

Descr. of house (i.e., trailer park, subdivision): _____

Cell/Home Phone: _____ Work Phone: _____

Any vehicles? Yr _____ Make _____ Model _____ Color _____ LP# _____

Best time to Serve: ☐ Days ☐ Evenings ☐ Nights

Name and address of Employer: _____

List any other information the deputies should know. For example, is party being served known to be violent, owns weapons, mental or physical illness, dogs in yard, locked gates, etc.?

Service requested by:

Name and Email: Christopher Bradshaw-Hull; c_bradshawhull@hotmail.com

Cell/Home Phone: 713-254-9638 **Work:** 713-523-0818

Automated Certificate of eService

This automated certificate of service was created by the eFiling system. The filer served this document via email generated by the eFiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Christopher Bradshawhull on behalf of Christopher Bradshawhull
Bar No. 02841300
c_bradshawhull@hotmail.com
Envelope ID: 81293079
Filing Code Description: REQUEST
Filing Description: Process Request Form
Status as of 11/6/2023 10:10 AM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Christopher ABradshawhull		c_bradshawhull@hotmail.com	11/3/2023 2:38:54 PM	SENT
Jeannie Douglas		jamm669@aol.com	11/3/2023 2:38:54 PM	SENT